STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-261	A. BUILDING: _____ B. WING _____	03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDELLA'S CARE HOME 2	81 BARNES STREET GREENVILLE, NC 27858

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey as attempted on March 16, 2022. According to the Licensee there are no clients being served at the faciity. The last time clients were served at the facility was January 5, 2022. This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for Alternative Family Living. Observation of the facility on 1/10/22 at approximately 9:30 am revealed no answer at the door; the window blinds were closed. During interviews on 1/10/22 and 3/16/22 the Licensee stated no clients were being served at the facility. The last clients served at the facility were discharged to an unlicensed facility January 5, 2022. The facility property had been sold and she was looking for another property to purchase to reopen the facility.	V 000		